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29745 7590 07/07/2005

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Joe Nieh	(Depositor's name)
<i>[Signature]</i>	(Signature)
7-21-2005	(Date)

07/26/2005 HTECKLU2 00000062 10705337

01 FC:2501 700.00 OP
02 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/705,337	11/10/2003	Garry Tsaur		5125

TITLE OF INVENTION: MULTI-FLUID APPLICATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	10/07/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
WALCZAK, DAVID J	3751	401-133000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Joe Nieh

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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Authorized Signature *[Signature]*
Typed or printed name Joe Nieh

Date 7-21-2005
Registration No. 46,961

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